

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/298,538	04/22/99	348	2712	15886-210

APPLICANT

FRANCIS JAMES CANOVA, JR., FREMONT, CA; ROBERT GREGORY TWISS, PORTOLA VALLEY, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED none

SSN

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED none

SSN

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED none

SSN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/12/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Initials <u>SSN</u>	Initials				

ADDRESS

SEE CUSTOMER NUMBER: 021971

TITLE

METHOD AND APPARATUS FOR SOFTWARE CONTROL OF VIEWING PARAMETERS

FILING FEE RECEIVED  \$1,016	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 2146

<b>SERIAL NUMBER</b> 09/298,538	<b>FILING DATE</b> 04/22/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2675	<b>ATTORNEY DOCKET NO.</b> 15886-210
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**APPLICANTS**

FRANCIS JAMES CANOVA, JR., FREMONT, CA;  
ROBERT GREGORY TWISS, PORTOLA VALLEY, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
None *ABN*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
None *ABN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/12/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Shirley DeLeon</i> Examiner's Signature Initials				

**ADDRESS**

29989

**TITLE**

METHOD AND APPARATUS FOR SOFTWARE CONTROL OF VIEWING PARAMETERS

<b>FILING FEE RECEIVED</b> 1016	FEE: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit